| Case   | Case 2:06-cr-000744 М ЕЧТНОВАТION DOCOMPHENT 200 YMENT (NE DROCOMPAND) Page 1 of 1     |  |              |                             |               |  |                            |                  |  |
|--|--|--|--------------|-----------------------------|---------------|--|----------------------------|------------------|--|
| 1. CIR./DIST./DIV. CODE ALM 2. PERSON REPRESENT Willis, Berne  |  |  |              |                             |               | VOUCHER NUMBER                             |                            |                  |  |
| 3. MAG. DKT./DEF. NUMBER<br>2:06-000010-001  |  | 4. DIST. DKT./DEF. NUMBER<br>2:06-000071-001 |              | 5. APPEALS DKT./DEF. NUMBER |               |  | 6. OTHER DKT. NUMBER       |                  |  |
| 7. IN CASE/MATTER OF (Case Name)   |  | 8. PAYMENT CATEGORY                          |              | 9. TYPE PERSON REPRESENTED  |               | 10. REPRESENTATION TYPE (See Instructions) |                            |                  |  |
| U.S. v. Willis   |  | Felony                                       |              | Adult Defendant             |               | Criminal Case                              |                            |                  |  |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section)  If more than one offense, list (up to five) major offenses charged, according to severity of offense.  1) 18 1512A.F TAMPE R W/WITNESS, VICTIM, INFORMANT (IF DEATH RESULTS)   |  |  |              |                             |               |  |                            |                  |  |
| REQUEST AND AUTHORIZATION FOR TRANSCRIPT   |  |  |              |                             |               |  |                            |                  |  |
| 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)  APPEAL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |              |                             |               |  |                            |                  |  |
| 13. PRO CEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).  13. PRO CEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement |  |  |              |                             |               |  |                            |                  |  |
| 14. SP ECIAL AUTHORIZATIONS (Services Other Than Ordinary)   |  |  |              |                             |               |  |                            | Judge's Initials |  |
| A. Apportioned Cost % of transcript with (Give case name and defendant)  |  |  |              |                             |               |  |                            |                  |  |
| B.   14-Day   Expedited   Daily   Hourly   Real Time Unedited  |  |  |              |                             |               |  |                            |                  |  |
| C. Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal Defense Opening Statement Defense Argument Voir Dire Jury Instructions  |  |  |              |                             |               |  |                            |                  |  |
| D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.   |  |  |              |                             |               |  |                            |                  |  |
| 15. ATTORNEY'S STATEMENT 16. COURT ORDER   |  |  |              |                             |               |  |                            |                  |  |
| As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorication to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act  |  |  |              |                             |               |  |                            |                  |  |
| Signature of Attoryley Date Squature of President Squature of Pres |  |  |              |                             |               |  |                            |                  |  |
| Timothy c Holsmin-   |  |  |              | 2/2 8/03   Z 3 F53 2008     |               |  |                            |                  |  |
| Telephone Number: 334 272 9524   |  |  |              |                             |               |  |                            |                  |  |
| ☐ Panel Attorney ☐ Retained Atty ☐ Pro-Se ☐ Legal Organization   |  |  |              |                             |               |  |                            |                  |  |
| CLAIM FOR SERVICES   |  |  |              |                             |               |  |                            |                  |  |
| 17. COURT REPORTER/TRANSCRIBER STATUS Official Contract Transcriber Other  18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix AND MAILING ADDRESS   |  |  |              |                             |               |  | suffix,)                   |                  |  |
| 19. SOCIAL SECURITY NUM<br>418-88-8872   | Patricia G. Starkie 125 Lamar Rd. Hope Hull, AL 36043 Telephone Number: (334) 262-1221 |  |              |                             |               |  |                            |                  |  |
| 20. TRANSCRIPT   | P  | Include<br>age Numbers                       | No. of Pages | Rate Per Page               | Sub-Tota      | ıl   | Less Amount<br>Apportioned | Total            |  |
| Original   |  | -76  | 75           | \$3.65                      | <b>\$</b> a73 | ,75  |                            | \$ 273.75        |  |
| Сору   |  |  |              |                             |               |  |                            |                  |  |
| Expenses (itemize):  | <del></del>  |  |              |                             |               |  |                            |                  |  |
| TOTAL AMOUNT CLAIMED: \$\sigma_273.75  |  |  |              |                             |               |  |                            |                  |  |
| 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED  I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any   |  |  |              |                             |               |  |                            |                  |  |
| Signature of Claimant/Payee: Tatricia Starke Date: 03-31-08  |  |  |              |                             |               |  |                            |                  |  |
| 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  |  |  |              |                             |               |  |                            |                  |  |
| In The Malson 2-12-08  |  |  |              |                             |               |  |                            |                  |  |
| APPROVED FOR PAYMENT - COURT USE ONLY  |  |  |              |                             |               |  |                            |                  |  |
| 23. APPROVED FOR PAYMENT  24. AMOUNT APPROVED  Signature of Judgal Officer or Clerk  Date  27. 2808  \$2.73.75   |  |  |              |                             |               |  |                            |                  |  |
| Signature of Judicial Offic  | ei di Cielk  |  |              | Date                        |               |  | 7                          | -,, 0 - 10       |  |